

**DPM Letter of Reference Waiver Request**

**Date:**

**Full Name:**

Please respond to the following questions.

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| 1. **Please explain why you are unable to shadow a DPM?** |
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| 1. **What alternate steps have you taken to learn about the podiatric medicine profession?** |
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| 1. **What is your understanding of podiatric medicine and surgery? Please limit your response to a half page.** |
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